a series of periodic crises of unilateral cephalalgia, with paralysis of the third nerve of the same side; all the branches are affected, but not always to the same degree. Finally the paralysis becomes permanent.—*La Presse Médicale*, 1897, No. 34.

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**Glaucoma and the Curative Action of Iridectomy.**—ABADIE (Paris) believes the cause of glaucoma to consist in derangement of the constrictor and dilator nerves of the sympathetic system. These form a plexus in the iris, excision of which inhibits superaction of the dilator fibres.

He bases his view upon the fact that excision of the pupillary or ciliary portion of the iris is ineffective in acute glaucoma, but the intermediate zone which contains the ganglia has to be removed if the operation is to be curative.—*La Médecine Moderne*, 8 Annee, No. 38.

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**Sudden Loss of Vision of Circulatory Origin.**—J. B. BARRETT (Melbourne) reports two cases of this affection, with a very thorough study of the literature of the subject.

His first case is that of a young medical man, who noticed, a few days before examination, that a sudden mist passed before the left eye; he was at the time standing conversing in a room. The vision failed so completely that he was unable to distinguish light from darkness; for five minutes there was complete blindness. The ceiling of the room became visible, and gradually the field cleared from above downward, until he could see all portions above the level of his own head. After a short stoppage at this point the field cleared completely, and no noticeable alteration remained. He has never had another similar attack, and was apparently in perfect health.

The second patient, a lady aged thirty-three years, noticed, while writing, that the vision of the right eye was affected, and on covering the left eye found that the right was totally blind. The blindness lasted for about fifteen minutes, and then the lower half of the field of vision gradually cleared. The upper half of the field has remained blind ever since. The defect gave a sensation of inability to raise the uper lid. The patient has suffered from shorter attacks of complete blindness—she thinks chiefly in the right eye—on about seven occasions during the last ten years. On previous occasions the blindness lasted less than one minute and left behind it no permanent affection of vision.

The eye was examined the day after the attack, and then exhibited the typical appearance of embolism of the inferior retinal artery.

From his study of recorded cases Barrett believes that spasm of the retinal arteries can cause blindness. How long the retinal circulation can be arrested without permanent destruction of vision cannot be determined, although in one case Noyes secured complete recovery by the use of nitrite of amyl, twenty-four hours after the sight was lost. The condition of the vessels when the diseased eye has been examined microscopically has been that of an embolism or a thrombosis, although in three cases out of twelve no obstruction could be discovered.

Barrett concludes that sudden temporary loss of vision may be produced by: (1) Spasm of the retinal arteries. (2) Complete embolism of the retinal artery. (3) Partial embolism of the retinal artery, probably combined with spasm. (4) Narrowing of the retinal arteries from arterial disease and temporary heart-failure. Several of these causes may co-operate with one another.

Sudden permanent blindness may be produced by: (1) Spasm of the retinal vessels. (2) Complete embolism. (3) Partial embolism, with temporary spasm of the arteries. (4) Thrombus, with or without spasm. The conjunction of complete temporary loss of vision in both eyes, with permanent partial loss in one, seems almost to eliminate the possiblity of causation of embolus.—*Intercolonial Medical Journal of Australasia*, vol. ii. No. 3.

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**Quinine-amaurosis without Pallor of the Optic Disks.** — E. GRUENING (New York) reports two cases. The essential features of quinine-amaurosis are the sudden occurrence of deafness and blindness, the return of the function of hearing within twenty-four hours, the restoration of central vision after days, weeks, or months, permanent abolition of peripheric vision, ischæmia of the retinal arteries and veins, and the absence of inflammatory changes in the interior of the eye.

Quinine-intoxication associated with transitory amaurosis, however, occurs at times in milder forms, showing a less pronounced contraction of the retinal arteries and veins and a decided fulness of the capillaries of the optic disk as a permanent condition.

One of his patients was a woman, aged fifty years, who had taken thirty grains of quinine in one dose in the evening, and awoke next morning totally blind and deaf. Hearing and sight returned; central vision and color-perception became normal in a few days, but the field of vision remained permanently contracted.

The second patient was a man, aged seventy-three years, who took 150 grains of quinine in three days and suddenly became deaf and blind. Hearing and sight returned in thirty-six hours, but the visual field remained greatly contracted.

In both cases the optic disks remained red rather than pale, and the retinal vessels were but little altered.—*New York Eye and Ear Infirmary Reports*, 1897.

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**Operation for Divergent Strabismus.**—CHARLES BELL TAYLOR (Nottingham, Eng.) corrects divergent strabismus by the following method: He hooks up the tendon of the internal rectus muscle and divides all its connections with the eyeball, then pulls it well forward, and, by two horizontal incisions made with scissors, converts it into a narrowish strip. He then transfixes the base of this strip as far back in the orbit as possible with a large curved needle connected with a thread armed at both ends. Before drawing the thread through he cuts off as much of the tendon as may be considered necessary. With the remaining needle he pierces a small portion of the sclerotic about the site of the insertion of the inferior rectus tendon, and having thus secured control of the eyeball, turns it inward to any required extent by simply tying the thread. The only portion of the procedure which presents any difficulty is the piercing of the sclerotic. To overcome this he uses needles of the same calibre throughout, and as sharp as possible, and makes the insertion of the thread the first step of the operation.—*Medical Press and Circular*, March 10, 1897.